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PART B - FEE(S) TRANSMITTAL



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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/808,991	03/16/2001	Shunsuke Iguch			i	862.C2147	5099
TITLE OF INVENTION: P	RINTING APPARATUS AN	ND METHOD OF	CONTROLL	ING SA	ME 		
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$188 0x \$1400		\$300	\$4\$6\$0 \$1700	03/03/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		J	
EVANS, A	2622	2622		358-001130			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B	E BRINTED ON					
PLEASE NOTE: Unless		elow no assignee	data will app	ear on t	he natent If an assion	nee is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE							09808991 1400.00 GP
Canon Kabushiki Kaisha			Tokyo Japan 02 FC			504	300.00 OP 15.00 OP
Please check the appropriate assignee category or categories (will not be printed on the patent):							
Aa. The following fee(s) are	b. Payment of Fee(s):						
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Advance Order - # of Copies5			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).				
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Authorized Signature	(t) B				Date3	/3/05	
Typed or printed name	Justin J. Oliv				Registration		
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